New Hampshire
Department of Health and Human Services
&
New Hampshire Insurance Department

# *New Hampshire Health Protection Program Premium Assistance Section 1115 Research and Demonstration Waiver*

## Draft Application for Public Notice & Comment

October 1, 2014

**SECTION 1115 PREMIUM ASSISTANCE**
**WAIVER APPLICATION**
**DRAFT FOR PUBLIC NOTICE**
**October 1, 2014**

# Section I - Program Description

**1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).**

On March 27, 2014, Governor Maggie Hassan signed into law Senate Bill 413, an Act relative to health insurance coverage (the "Act"), (2014 NH Laws Chap. 3) establishing the New Hampshire Health Protection Program to expand health coverage in New Hampshire for adults with incomes up to 133 percent of the Federal Poverty Level.[1]

The New Hampshire Health Protection Program includes several components: (1) a mandatory Health Insurance Premium Payment Program (HIPP) for individuals with access to cost-effective employer-sponsored insurance; (2) a bridge program to cover the new adult group in Medicaid managed care plans through December 31, 2015; and (3) a mandatory individual qualified health plan (QHP) premium assistance program beginning on January 1, 2016. Coverage for the new adult group became effective on August 15, 2014, and as of September 29, 2014, over 18,000 new adults were enrolled in coverage. This Demonstration is intended to implement the mandatory QHP premium assistance program established in the Act.

Under the Demonstration, the State will implement a mandatory premium assistance program ("Premium Assistance Program" or "Program") through which the State will purchase from insurance carriers QHPs that have been certified for sale in the individual market on the federally facilitated New Hampshire Health Insurance Marketplace. Individuals eligible for the Program will include those covered under Title XIX of the Social Security Act who are either (1) childless adults between the ages of 19 and 65 with incomes at or below 133 percent of the federal poverty level (FPL) who are neither enrolled in (or eligible for) Medicare nor incarcerated[2] or (2) parents between the ages of 19 and 65 with incomes between 38 percent (for non-working parents) or 47 percent (for working parents) and 133 percent FPL who are neither enrolled in (or eligible for) Medicare nor incarcerated (collectively "QHP Premium Assistance enrollees"). QHP Premium Assistance enrollees will receive the Alternative Benefit Plan (ABP) through a QHP that they select and will have cost-sharing obligations consistent with Medicaid cost-sharing requirements.

[1] While the Patient Protection and Affordable Care Act expands coverage to 133 percent of the federal poverty level, the ACA otherwise establishes a 5 percent disregard for program eligibility, which extends coverage to those persons up to 138 percent of the federal poverty level.
[2] The term "incarcerated" means "any individual who is an inmate of a public institution (except as a patient in a medical institution)."

The Demonstration will further the objectives of Title XIX by promoting continuity of coverage for individuals as they transition across different sources of coverage ensuring consistent access to providers, rationalizing provider reimbursement, and enhancing integration and efficiency of public and private coverage in New Hampshire. Ultimately, the Demonstration will provide truly integrated coverage for low-income New Hampshire residents regardless of their income or source of coverage.

Additionally, by adding up to an estimated 45,000 persons to the Marketplace, the Program may attract additional QHP carriers creating a more competitive market, which will benefit all individuals purchasing coverage on the Marketplace.

**2) Include the rationale for the Demonstration**

This 1115 Demonstration waiver request supports implementation of the Act, which provides an integrated and market-based approach to covering low-income New Hampshire residents through offering new coverage opportunities, stimulating market competition, and offering alternatives to the existing Medicaid program.

The specific purposes of the approach to coverage established in the Act are to:

- Provide private insurance coverage for low-income New Hampshire citizens in a manner that ensures consistent access to coverage across payers and income levels that will help address the issue of churn for the new adult group;
- Rationalize provider reimbursement systems and encourage greater market competition;
- Promote the overall health of low-income citizens by creating sustainable private coverage options; and
- Relieve the burden of uncompensated care in New Hampshire.

The Demonstration program described in this 1115 waiver application is specifically designed to meet the requirements of the Act and address challenges in covering the new adult population.

First, the new adults are likely to have frequent income fluctuations that lead to changes in eligibility. Studies indicate that more than 35 percent of adults will experience a change in eligibility within six months of their eligibility determination.[3] These frequent changes in eligibility could lead to (i) coverage gaps during which individuals lack any health coverage, even though they are eligible for coverage and/or (ii) disruptive changes in benefits, provider networks, premiums, and cost-sharing as individuals transition from one source of coverage to another, especially since the same carriers do not currently serve both the Medicaid and commercial markets in New Hampshire.

[3] Health Affairs, "Frequent Churning Predicted Between Medicaid and Exchanges," February 2011.

Additionally, the State has faced challenges attracting carriers to the State because of the small size of the individual and Medicaid markets. The small number of carriers historically operating in these markets limits choice and reduces competition.

Finally, by expanding Medicaid to include nearly all individuals with incomes at or below 133 percent FPL, New Hampshire increased its Medicaid program enrollment by nearly 40 percent. New Hampshire must continue to ensure access to care for Medicaid enrollees that is comparable to access for the general population in the state.

The Demonstration is crafted to address each of these issues and challenges as follows:

- **Continuity of coverage** – For households with some members eligible for coverage under Title XIX and others receiving coverage through the Marketplace, and for individuals whose incomes fluctuate, the Demonstration will create continuity of health plans and provider networks. Individuals and families may receive coverage through the same health plans and may seek treatment and services through the same providers, regardless of whether their underlying coverage is financed by Medicaid or through the insurance affordability programs offered through the Marketplace.

  The Demonstration will also promote continuity between Medicaid and QHP coverage by encouraging carriers currently participating in the Medicaid Care Management program to offer coverage in the Marketplace. Because of this, individuals who transition from Medicaid Care Management to QHP coverage upon implementation of the Demonstration may be able to retain the same carrier.

- **Rational provider reimbursement** – New Hampshire fee-for-service Medicaid provides rates of reimbursement that are lower than that of Medicare or commercial payers, causing some providers to forego participation in the program. As part of the New Hampshire Health Protection Program, New Hampshire now requires that Medicaid managed care plans pay most providers at Medicare-levels for individuals in the new adult group. The Demonstration will provide a more sustainable solution by using private market plans, in which provider reimbursement levels are set in a competitive market environment.

- **Uniform provider access –** By leveraging commercial coverage, New Hampshire will ensure that access to providers for individuals in the Demonstration will not be merely comparable to the access afforded to the general population in New Hampshire, as is required under the Social Security Act, but rather that the provider base will be, in fact, identical. Under the Demonstration, the same providers will serve Medicaid and commercial populations, with no segregation of the low-income population.

- **Integration and efficiency** – New Hampshire is taking an integrated and market-based approach to covering low-income New Hampshire residents, rather than relying on a system for insuring lower income families that is separate and duplicative. This transition to the private market is a more efficient way of covering New Hampshire residents.

  Further, the Demonstration improves efficiency in the Marketplace by expanding the population of potential enrollees, potentially attracting new market entrants and promoting competition in the Marketplace.

**3) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.**

The Demonstration will authorize the delivery of health insurance benefits to a new group of low-income adults through an alternative to traditional Medicaid programs and will test the following hypotheses during the approval period:

| Evaluation Question | Hypothesis | Waiver Component Being Addressed | Data Source |
|---|---|---|---|
| What are the effects of the QHP premium assistance plan on member quality of care? | QHP premium assistance enrollees will have equal or better quality of care (e.g., preventive visits, primary care, etc.). | Comparability of delivery system and freedom of choice; Limit retroactive coverage to application date (vs. 90 day retrospective). | CHIS & Medicaid claims and encounter data, CAHPS |
| | QHP premium assistance enrollees will report equal or greater satisfaction with their health care. | Comparability of delivery system and freedom of choice | CAHPS |
| | QHP premium assistance enrollees will report equal or greater satisfaction with their personal doctor. | Comparability of delivery system and freedom of choice | CAHPS |
| | QHP premium assistance enrollees will report equal or greater satisfaction with their health plan. | Comparability of delivery system and freedom of choice | CAHPS |
| | | | |
| What are the effects of the QHP premium assistance plan on member access to care? | QHP premium assistance enrollees will have equal or greater timely access to primary, specialty, and behavioral health care services. | Comparability of delivery system and freedom of choice | CHIS & Medicaid claims and encounter data, CAHPS |

| Evaluation Question | Hypothesis | Waiver Component Being Addressed | Data Source |
|---|---|---|---|
| | QHP premium assistance enrollees will have equal or lower use of emergency department services. | Comparability of delivery system and freedom of choice; Limit retroactive coverage to application date (vs. 90 day retrospective). | CHIS & Medicaid claims and encounter data |
| | QHP premium assistance enrollees will have equal or lower rates of potentially avoidable ambulatory care sensitive hospital admissions. | Comparability of delivery system and freedom of choice; Limit retroactive coverage to application date (vs. 90 day retrospective). | CHIS & Medicaid claims and encounter data |
| | QHP premium assistance enrollees will have equal or greater access to needed non-emergency transportation whether delivered by the QHP or delivered through a Medicaid FFS wraparound. | Comparability of delivery system and freedom of choice; Limit retroactive coverage to application date (vs. 90 day retrospective). | CHIS & Medicaid claims and encounter data |
| | 19-20 year old QHP premium assistance enrollees will have equal or greater access to EPSDT services whether delivered by the QHP or delivered through a Medicaid FFS wraparound. | Comparability of delivery system and freedom of choice; Limit retroactive coverage to application date (vs. 90 day retrospective). | CHIS & Medicaid claims and encounter data |
| | | | |
| What are the effects of the QHP premium assistance plan on member insurance coverage (uptake) and coverage gaps and loss of coverage? | QHP premium assistance enrollees will experience equal or less coverage gaps and loss of coverage (regardless of source of coverage). | Freedom of choice; Limit retroactive coverage to application date (vs. 90 day retrospective). | Enrollment data |
| | QHP premium assistance enrollees will maintain continuous access to a regular source of health care. | Freedom of choice; Limit retroactive coverage to application date (vs. 90 day retrospective). | Survey |
| | Potentially eligible NHHPP Medicaid enrollees will be equal or more likely to enroll in NHHPP into QHP premium assistance than HPP-Bridge MCM. | Freedom of choice | Enrollment projection and trends |
| | | | |

| Evaluation Question | Hypothesis | Waiver Component Being Addressed | Data Source |
|---|---|---|---|
| What are the effects of the QHP premium assistance plan copayments on members? | The copayments will not pose a barrier to accessing care | Comparability of cost sharing | CHIS & Medicaid claims and encounter data |

**4) Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State. If the Demonstration will not operate statewide, please indicate the geographic areas/regions of the State where the Demonstration will operate**

The Demonstration will operate statewide.

**5) Include the proposed timeframe for the Demonstration**

The Act authorizes the Premium Assistance Program for the single calendar year of 2016. Accordingly, approval is sought for a one-year demonstration. Were the legislature to reauthorize the Program prior to the end of the 2016 legislative session in June, 2016, New Hampshire would seek to extend the proposed time frame for the demonstration for up to two additional years, with precise timeframes dependent upon the terms of such reauthorization.

**6) Describe whether the Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems**

No. The demonstration will not modify the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost-sharing or delivery systems.

# Section II – Demonstration Eligibility

**1) Include a chart identifying any populations whose eligibility will be affected by the Demonstration (an example is provided below; note that populations whose eligibility is not proposed to be changed by the Demonstration do not need to be included).**

**Please refer to Medicaid Eligibility Groups: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Eligibility-Groups.pdf when describing Medicaid State plan populations, and for an expansion eligibility group,**

**please provide the state name for the groups that is sufficiently descriptive to explain the groups to the public.**

The Demonstration will not affect any of the eligibility categories or criteria that are set forth in the New Hampshire Medicaid State Plan (hereinafter "State Plan").

Participation in the Demonstration, however, will be mandatory for QHP Premium Assistance-eligible individuals. QHP Premium Assistance Individuals will consist of those new adults as defined in § 1902(a)(10)(A)(i)(VIII), who are not eligible for the New Hampshire Health Insurance Premium Assistance Program for persons with access to cost-effective employer sponsored insurance and who are not medically frail. Individuals who qualify for the QHP Premium Assistance program will be required to receive coverage through QHPs, and those QHP eligible persons who decline coverage through QHPs will not be permitted to receive benefits through the State Plan.

**Eligibility Chart**

**Mandatory State Plan Groups**

| Eligibility Group Name | Social Security and CFR Sections | Income Level |
|---|---|---|
| | | |
| | | |
| | | |

**Optional State Plan Groups**

| Eligibility Group Name | Social Security and CFR Sections | Income Level |
|---|---|---|
| | | |
| | | |
| | | |

**Expansion Populations**

| Eligibility Group Name | N/A | Income Level |
|---|---|---|
| | | |
| | | |
| | | |

**2) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan.**

When determining whether an individual is eligible for QHP Premium Assistance, New Hampshire will apply the same eligibility standards and methodologies as those articulated in the State Plan.

**3) Specify any enrollment limits that apply for expansion populations under the Demonstration.**

There are no caps on enrollment in the Demonstration. To be eligible to participate in the Demonstration an individual must: (1) be a childless adult between 19 and 65 years of age, with an income at or below 133 percent FPL who is neither enrolled in (or eligible for) Medicare nor incarcerated **or** be a parent between 19 and 65 years of age, with an income between 38 percent FPL (non-working parents)/47 percent FPL (working parents) and 133 percent FPL who is neither enrolled in (or eligible for) Medicare nor incarcerated and (2) be a United States citizen or a documented, qualified alien. Individuals in the above described population who either identify as medically frail or are eligible to receive premium assistance for employer-sponsored insurance will not be eligible for the Demonstration.

| Description | Income | Age | Exceptions |
|---|---|---|---|
| Adults in Section VIII Group | *Childless Adults:* 0-133 percent FPL<br>*Non-Working Parents:* 38-133 percent FPL<br>*Working Parents:* 47-133 percent | 19-65 | ▪ Dual Eligibles<br>▪ Individuals who are medically frail<br>▪ Incarcerated individuals<br>▪ Individuals who qualify for premium assistance for employer-sponsored insurance |

**4) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs (i.e., Medicaid State plan, or populations covered using other waiver authority, such as 1915(c)). If applicable, please specify the size of the populations currently served in those programs.**

Up to 45,000 individuals are anticipated to enroll in the Demonstration as the new adult group established under Section 1902(a)(10)(A)(i)(VIII). It is projected that roughly 90 percent of newly eligible Medicaid enrollees will also be eligible for the Demonstration, with the remaining 10 percent of the new adults ineligible for the Demonstration due to medical frailty or because they are eligible to receive premium assistance for employer-sponsored insurance. Individuals

who identify as medically frail will receive coverage either under the ABP or standard coverage under the State Plan.

**5) To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the Demonstration will utilize spousal impoverishment rules under section 1924, or will utilize regular post-eligibility rules under 42 CFR 435.726 (SSI State and section 1634) or under 42 CFR 435.735 (209b State)**

N/A. Long-term services and supports will not be provided through the Demonstration, since the ABP, as set forth in the State Plan, does not cover long-term services and supports.

**6) Describe any changes in eligibility procedures the state will use for populations under the Demonstration, including any eligibility simplifications that require 1115 authority (such as continuous eligibility or express lane eligibility for adults or express lane eligibility for children after 2013).**

N/A. The State will not institute continuous eligibility or express lane eligibility.

**7) If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014.**

N/A

# Section III – Demonstration Benefits and Cost Sharing Requirements

**1) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:**

**____ Yes __X__ No (if no, please skip questions 3 – 7)**

**2) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:**

**_____ Yes _X__ No (if no, please skip questions 8 - 11)**

**3) If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration (an example is provided):**

**Benefit Package Chart**

| Eligibility Group | Benefit Package |
|---|---|
| | |
| | |
| | |

**4) If electing benchmark-equivalent coverage for a population, please indicate which standard is being used:**

**___ Federal Employees Health Benefit Package**
**___ State Employee Coverage**
**___ Commercial Health Maintenance Organization**
**_X_ Secretary Approved**

Since individuals in the new adult group are required to receive coverage through the Alternative Benefit Plan ("ABP"), the State is not electing ABP-equivalent coverage for a population; instead, the State is providing the statutorily required benefit package. New Hampshire's State Plan Amendment outlines its selection of a Secretary-approved ABP.

**5) In addition to the Benefit Specifications and Qualifications form: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Interim1115-Benefit-Specifications-and-Provider-Qualifications.pdf, please complete the following chart if the Demonstration will provide benefits that differ from the Medicaid or CHIP State plan, (an example is provided).**

N/A. Benefits are the same under the Demonstration and the State Plan.

**Benefit Chart**

| Benefit | Description of Amount, Duration, and Scope | Reference |
|---|---|---|
| | | |
| | | |
| | | |

**Benefits Not Provided**

| Benefit | Description of Amount, Duration, and Scope | Reference |
|---|---|---|
| | | |

| | | |
|---|---|---|
| | | |

Although the benefits in the ABP will be identical across the State Plan and the Demonstration, the appeals process relating to coverage determinations will differ. Under the Demonstration, QHP Premium Assistance enrollees will use their QHP appeals process to appeal denials of benefits covered under the QHP. (QHP Premium Assistance enrollees will continue to use the Medicaid appeals process for denials of wrapped benefits.) All QHP carriers must comply with federal and state standards governing internal insurance coverage appeals. Additionally, all QHP carriers must comply with New Hampshire standards governing external review of insurance coverage appeals[4], which CMS has found to be consistent with Affordable Care Act external review standards.[5] QHP Premium Assistance enrollees will have access to the following two levels of appeals:

*Internal Review*

Each QHP must provide all enrollees with:

1) Notice identifying the claim or claims being denied;

2) A description of the reason for the denial;

3) Copies of the guidelines used to deny the claim; and

4) Notice that the recipient may request more explanation of the reason for the denial.

Any enrollee whose claim for health care is denied or is not acted upon with reasonable promptness may:

1) Appeal to the QHP; and

2) Present evidence and testimony to support the claim.

The QHP must render a decision regarding an internal appeal within:

1) 72 hours for denial of a claim for urgent care;

2) 30 days for non-urgent care that has not yet been delivered; and

3) 60 days for denials of services already delivered.

*External Review*

[4] Multi-state plans administered by the federal Office of Personal Management are not subject to state appeal or external review standards; for this reason, New Hampshire anticipates excluding these plans from the Demonstration, subject to ensuring sufficient choice of QHPs for enrollees.
[5] See http://www.cms.gov/CCIIO/Resources/Files/external_appeals.html.

If the QHP does not render a decision within the timeframe specified above, or affirms the denial in whole or in part, the enrollee may request review, and in some cases expedited review, by a Qualified Independent Review Organization (QIRO) that has been selected by the New Hampshire Insurance Department (NHID). Each QIRO must use qualified and impartial clinical reviewers who are experts in the treatment of the enrollee's medical condition and have recent or current actual clinical experience treating patients similar to the enrollee. Additionally, under NHID administrative rules the enrollee is permitted to submit a statement in writing to support its claim, may receive an oral or in-person hearing, and is entitled to assistance from NHID consumer services staff upon request.[6] The QIRO will render its decision in 45 days, or within 72 hours in the case of an expedited review.

**6) Indicate whether Long Term Services and Supports will be provided.**

**___ Yes (if yes, please check the services that are being offered) _X_ No**

**In addition, please complete the: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-LTSS-Benefits.pdf, and the: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Long-Term-Services-Benefit-Specifications-and-Provider-Qualifications.pdf.)**

- ☐ **Homemaker**
- ☐ **Case Management**
- ☐ **Adult Day Health Services**
- ☐ **Habilitation – Supported Employment**
- ☐ **Habilitation – Day Habilitation**
- ☐ **Habilitation – Other Habilitative**
- ☐ **Respite**
- ☐ **Psychosocial Rehabilitation**
- ☐ **Environmental Modifications (Home Accessibility Adaptations)**
- ☐ **Non-Medical Transportation**
- ☐ **Home Delivered Meals Personal**
- ☐ **Emergency Response**
- ☐ **Community Transition Services**
- ☐ **Day Supports (non-habilitative)**
- ☐ **Supported Living Arrangements**
- ☐ **Assisted Living**
- ☐ **Home Health aide**
- ☐ **Personal Care Services**
- ☐ **Habilitation – Residential Habilitation**
- ☐ **Habilitation – Pre-Vocational**

[6] N.H. Code of Admin. Rules Ins 2703.05 and Ins 2703.09(g).

- ☐ **Habilitation – Education (non-IDEA Services)**
- ☐ **Day Treatment (mental health service)**
- ☐ **Clinic Services**
- ☐ **Vehicle Modifications**
- ☐ **Special Medical Equipment (minor assistive devices)**
- ☐ **Assistive Technology**
- ☐ **Nursing Services**
- ☐ **Adult Foster Care**
- ☐ **Supported Employment**
- ☐ **Private Duty Nursing**
- ☐ **Adult Companion Services**
- ☐ **Supports for Consumer Direction/Participant Directed Goods and Services**
- ☐ **Other (please describe)**

**7) Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.**

**___ Yes (if yes, please address the questions below)**
**_X_ No (if no, please skip this question)**

**a) Describe whether the state currently operates a premium assistance program and under which authority, and whether the state is modifying its existing program or creating a new program.**

N/A. The State has a premium assistance program for employer-sponsored coverage that is currently in place, and the Demonstration will not affect that program.

**b) Include the minimum employer contribution amount.**

N/A

**c) Describe whether the Demonstration will provide wrap-around benefits and cost-sharing.**

N/A

**d) Indicate how the cost-effectiveness test will be met.**

N/A

**8) If different from the State plan, provide the premium amounts by eligibility group and income level.**

No enrollees will pay premiums under the Demonstration.

**9) Include a table if the Demonstration will require copayments, coinsurance and/or deductibles that differ from the Medicaid State plan (an example is provided):**

QHP Premium Assistance enrollees with incomes below 100 percent FPL will not have cost-sharing obligations. Individuals with incomes of 100-133 percent FPL will be responsible for cost-sharing in amounts consistent with Medicaid cost-sharing rules, as laid out in standardized cost-sharing requirements that the NHID will establish for those QHPs that will be available to QHP Premium Assistance enrollees. New Hampshire will amend its State Plan to reflect these cost-sharing amounts applicable for individuals with incomes above 100 percent FPL, effective January 1, 2016. For individuals with income between 100-133 percent FPL, aggregate quarterly cost-sharing will be capped at 5 percent of quarterly household income. Demonstration participants will not be required to pay a deductible prior to receiving coverage. Providers will collect all applicable co-payments at the point of care. Enrollees' aggregate amount of co-payments will be monitored to ensure that they do not exceed the annual limit.

New Hampshire will pay QHP issuers advance monthly cost-sharing reduction (CSR) payments to cover the costs associated with the reduced cost-sharing for QHP Premium Assistance enrollees. The State will rely on the federal Marketplace's calculation of the advance monthly CSR payments for individuals between 138 and 150 percent FPL. Issuers will receive per member per month payments during the benefit year on the basis of this formula. Issuers may request mid-year adjustments to the monthly advance CSR payments if they can demonstrate that the advance CSR amount significantly over- or under-estimates utilization.

These payments will be subject to reconciliation at the conclusion of the benefit year based on enrollees' actual usage of services. Each QHP issuer will report actual cost-sharing reduction amounts to HHS (for members receiving APTCs/CSRs) and New Hampshire Medicaid (for members enrolled in the QHP Premium Assistance program) to reconcile CSR amounts with the advance payments. The New Hampshire Medicaid process for such reconciliations will be modeled on the HHS process. HHS has announced that issuers may choose one of two methods to calculate the actual cost-sharing reductions. The standard method requires the issuer to adjudicate each claim and determine the plan's liability twice: first calculating plan liability using the standard silver plan cost sharing and a second time with reduced cost sharing under the silver plan variant. The CSR payment the issuer is entitled to is the difference between the second number and the first. The simplified methodology does not require re-adjudication of claims. Instead, issuers will enter certain basic cost sharing parameters of its silver plans into a formula that will model the amount of CSR payments, based on total incurred claims. Issuers may choose either method, but a single issuer must apply the same method to all its plans. See 45 C.F.R. § 156.430(c) for additional details.

As part of the cost-sharing reconciliation, New Hampshire Medicaid will establish a process with QHP issuers whereby the issuer will pay the provider for deductible amounts, and Medicaid will reimburse the issuer for these payments.

**Copayment Chart**

| Eligibility Group | Benefit | Copayment Amount |
|---|---|---|
| | | |
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| | | |

**10) Indicate if there are any exemptions from the proposed cost sharing.**

Yes. All individuals who are statutorily required to be exempt from cost sharing will be exempt from cost sharing under the Demonstration, including pregnant women and American Indians/Alaskan Natives. Additionally, the State requests waiver authority to exempt individuals from cost sharing while they are receiving coverage through fee-for-service Medicaid pending enrollment in a QHP or Medicaid managed care plan (for medically frail individuals or other individuals excluded from the Demonstration).

# Section IV – Delivery System and Payment Rates for Services

**1) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:**

**_X_ Yes**
**___ No (if no, please skip questions 2 – 7 and the applicable payment rate questions)**

**2) Describe the delivery system reforms that will occur as a result of the Demonstration, and if applicable, how they will support the broader goals for improving quality and value in the health care system. Specifically, include information on the proposed Demonstration's expected impact on quality, access, cost of care and potential to improve the health status of the populations covered by the Demonstration. Also include information on which populations and geographic areas will be affected by the reforms.**

By leveraging premium assistance to purchase private coverage for QHP Premium Assistance enrollees, the Demonstration will improve quality and value in the healthcare system not only for program enrollees but also for other New Hampshire residents who obtain health insurance coverage in the individual market.

First, the Demonstration will support continuity of care in a population that experiences a high rate of income fluctuation. Reducing gaps in coverage and interruptions in established provider relationships and treatment plans will result in higher utilization of timely preventive care and will assure continuity of treatment of chronic illnesses that left untreated even in the short term result in higher costs to the Medicaid program as the individual's health declines.

Sustaining continuity of care is also key to achieving positive health outcomes and/or mitigating the erosion of health status, where quality of care and the tracking of clinical risk scores will be measured through the established New Hampshire DHHS/Medicaid Quality Program. In partnership with the State's Department of Insurance and the Division of Public Health Services, the health of this population will be monitored and compared to the overall health of the New Hampshire population and national population health metrics in both commercial and public funded insurance coverage programs. Both of these assessments will inform decision making and policy development for the future that will be aimed at providing the most efficient and cost-effective care while meeting fiduciary responsibilities for the wise investment of limited federal and state funds.

Second, the Demonstration will support the State's commitment to the integration of primary care and behavioral health care (including substance use disorders) and provide access to the QHP provider network. The State's commitment and the inclusion of SUD as one of the ten essential health benefits is driving a market reaction where investment in primary care, mental health and SUD provider education is increasing as evidenced by a number of New Hampshire

universities establishing advance practice nursing programs and graduate degree programs in mental health related disciplines where none previously existed. By participating in Marketplace QHP networks, providers will receive reimbursements that reflect the commercial, private market. As more primary care, SUD and mental health providers participate in the New Hampshire Health Protection Program it expands options and stimulates investment in the health care delivery system for all Medicaid, CHIP and New Hampshire Health Protection Program enrollees.

Also, by nearly doubling the number of individuals who will enroll in QHPs, the Demonstration is expected to encourage carrier entry and competition in the Marketplace.

Taken together, the factors described above will improve quality, promote access, and potentially reduce the growth of health care costs statewide. All New Hampshire residents who obtain coverage in the individual market will benefit from improved quality and increased competition spurred by the Demonstration. And all Medicaid enrollees, including those served through fee-for-service Medicaid, will benefit from spreading the growing Medicaid population across a broader network of providers.

**3) Indicate the delivery system that will be used in the Demonstration by checking one or more of the following boxes:**

- ☐ **Managed care**
  - ☐ **Managed Care Organization (MCO)**
  - ☐ **Prepaid Inpatient Health Plans (PIHP)**
  - ☐ **Prepaid Ambulatory Health Plans (PAHP)**
- ☐ **Fee-for-service (including Integrated Care Models) Primary Care Case Management (PCCM)**
- ☐ **Health Homes**
- ☒ **Other (please describe)**

The Demonstration is utilizing Premium Assistance to purchase QHPs in the individual market, and not Medicaid managed care plans, to deliver benefits. Although the Medicaid managed care regulations do not apply to the proposed premium assistance model, the State responds to the questions below that refer to managed care to provide additional detail and context for its proposal to leverage qualified health plans as the delivery system for the Demonstration.

The Demonstration will use premium assistance to purchase cost-effective QHP coverage for Program enrollees. Each beneficiary will have the option to choose between at least two plans that have been certified as QHPs by the federally-facilitated Marketplace, and that meet criteria that have been developed to ensure that the selected plans are cost-effective, both in terms of their premium levels and in terms of their management of care. New Hampshire anticipates

that Program enrollees will select among QHPs that include managed care features and emphasize the use of in-network providers.

For enrollees with incomes between 100 percent and 133 percent of the FPL, New Hampshire expects these plans will be 94 percent AV high-value silver plans that have been certified as QHPs and that conform to a standard cost-sharing design outlined by the NHID that is consistent with Medicaid cost-sharing requirements. For program enrollees with incomes below 100 percent of the FPL, New Hampshire expects these plans will be 100 percent AV high-value silver plans.

In keeping with the program's cost-effectiveness requirements, New Hampshire will reserve the right to exclude QHPs that are significant cost-outliers.

Additionally, the State will provide through its fee-for-service Medicaid program wrap-around benefits that are included in the ABP but not covered by qualified health plans—namely, non-emergency transportation, adult vision and limited adult dental benefits, and Early Periodic Screening Diagnosis and Treatment (EPSDT) services for individuals participating in the Demonstration who are under age 21 (including pediatric vision and dental services, as well as other EPSDT services to the extent such services are not covered under the QHP). EPSDT services are relevant to the QHP Premium Assistance program only because the Affordable Care Act defines 19 and 20 year olds as children for purposes of service benefit requirements, but adults for purposes of eligibility. If family planning services are accessed at out-of-network providers, the State's fee-for-service Medicaid program will cover those services, as required under federal Medicaid law.

**4) If multiple delivery systems will be used, please include a table that depicts the delivery system that will be utilized in the Demonstration for each eligibility group that participates in the Demonstration (an example is provided). Please also include the appropriate authority if the Demonstration will use a delivery system (or is currently seeking one) that is currently authorized under the State plan, section 1915(a) option, section 1915(b) or section 1932 option:**

**Delivery System Chart**

| Eligibility Group | Delivery System | Authority |
|---|---|---|
| | | |
| | | |
| | | |

**5) If the Demonstration will utilize a managed care delivery system:**

As is noted above, the Demonstration is utilizing Premium Assistance to purchase QHPs in the individual market—not Medicaid managed care plans—to deliver benefits. The State nevertheless responds to the questions discussing Medicaid managed care plans to provide additional information about the Demonstration. Each of the responses to questions 5a – 5e are answered as though the questions refer to QHPs, rather than "managed care" or "MCOs."

**a) Indicate whether enrollment be voluntary or mandatory. If mandatory, is the state proposing to exempt and/or exclude populations?**

For individuals who are eligible for the QHP Premium Assistance program, enrollment in a QHP will be mandatory. Individuals who are identified as medically frail are not eligible for the QHP Premium Assistance program, and such individuals will be excluded from enrolling in QHPs. All individuals who indicate on their Medicaid eligibility application that they either (1) have a physical, mental, or emotional condition that causes limitations in daily activities (like bathing, dressing, and daily chores) or (2) reside in a medical facility or nursing home will be identified as medically frail. Individuals identified as medically frail will be eligible for coverage under Title XIX, and they will have the option of receiving either the ABP (through managed care) or the standard Medicaid benefit package through the State Plan.

Recognizing that medical needs may emerge throughout the year, New Hampshire will notify enrollees that they also may self-identify as medically frail at any time. The New Hampshire Medicaid program will retain full responsibility for notifying enrollees of their rights to self-identify as medically frail. The ultimate decision to identify as medically frail is the enrollee's.

The State will comply with all requirements set forth in Section 1937 of the Social Security Act, including, but not limited to, ensuring that all individuals determined to be medically frail, as well as individuals in other ABP-exempt populations identified in Section 1937 of the Social Security Act, will be given the option to receive through fee-for-service Medicaid either the ABP or the standard Medicaid benefit package.

**b) Indicate whether managed care will be statewide, or will operate in specific areas of the state.**

The Demonstration will be statewide.

**c) Indicate whether there will be a phased-in rollout of managed care (if managed care is not currently in operation or in specific geographic areas of the state).**

There will not be a phased-in rollout. The Demonstration will begin statewide on January 1, 2016.

**d) Describe how the state will assure choice of MCOs, access to care and provider network adequacy.**

QHP Premium Assistance enrollees will be able to choose from at least two high-value silver plans in each county of the State. The QHP certification process includes an evaluation of network adequacy, including QHP compliance with Essential Community Provider network requirements. QHP Premium Assistance enrollees will have access to the same networks as individuals who purchase coverage in the individual market, ensuring compliance with the requirement found in Section 1902(a)(30)(A) of the Social Security Act that Medicaid enrollees have access to care comparable to the access available to the general population in the geographic area.

**e) Describe how the managed care providers will be selected/procured**

As described in more detail in response to question 3 above, QHP Premium Assistance enrollees will select among those QHPs available in their county that meet cost-effectiveness criteria. These criteria include care management features, limitations on the use of out-of-network providers and, for enrollees whose income is at or above the federal poverty level, standardized cost-sharing that comports with Medicaid cost-sharing requirements.

**6) Indicate whether any services will not be included under the proposed delivery system and the rationale for the exclusion.**

***Wrap-Around Benefits***
All services will be provided through QHPs, except for a limited number of services that are not fully covered under the QHP benefit package but that are included in the ABP. Specifically, the State will provide a fee-for-service wrap around benefit for: (1) non-emergency medical transportation; (2) Early Periodic Screening Diagnosis and Treatment for individuals under age 21 (to the extent the service is not otherwise included in the QHP benefit and is medically necessary as provided under federal regulation); and (3) adult vision and limited adult dental benefit, as described in the State's ABP State Plan Amendment. In addition, if a QHP Premium Assistance beneficiary accesses family planning services through an out-of-network provider, those services will be covered through fee-for-service Medicaid, consistent with federal law.

***Retroactive Coverage***
New Hampshire seeks to waive the requirement to provide retroactive coverage for medical expenses incurred prior to an individual being determined eligible for Medicaid.

New Hampshire anticipates that, by the beginning of the Demonstration in 2016, most individuals applying to Medicaid will have previously had access to other forms of coverage. Specifically, individuals in New Hampshire with incomes below 133 percent FPL would have had access to Medicaid coverage beginning as of August 15, 2014 through either HIPP or the bridge program. Individuals with incomes above 133 percent FPL would have had access to federal insurance affordability programs to assist in purchasing qualified health plans as of January 1, 2014. Taken together, New Hampshire believes that most individuals new to Medicaid in 2016 will be transitioning from other coverage sources, thereby reducing the need for retroactive coverage.

***Coverage Prior To QHP Enrollment***

For individuals who select (or are auto-assigned) to a QHP between the first and fifteenth day of a month, QHP coverage will become effective as of the first day of the month following QHP selection (or auto-assignment). For individuals who select (or are auto-assigned) to a QHP between the sixteenth and last day of a month, QHP coverage will become effective as of the first day of the second month following QHP selection (or auto-assignment).

The State will ensure that enrollment in a Medicaid managed care plan remains in effect until the QHP coverage effective date for all individuals transitioning from Medicaid Care Management to the Demonstration. For new applicants, the State will also seek a waiver of the requirement to provide coverage prior to the date of application. As is described further above, the State anticipates that most new applicants will be transitioning to the Demonstration from other sources of coverage that could remain in place until the QHP coverage effective date.

**7) If the Demonstration will provide personal care and/or long term services and supports, please indicate whether self-direction opportunities are available under the Demonstration. If yes, please describe the opportunities that will be available, and also provide additional information with respect to the person-centered services in the Demonstration and any financial management services that will be provided under the Demonstration**

**___ Yes**
**_X_ No**

The Demonstration will not provide long-term services and supports or personal care.

**8) If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology.**

For services covered by the QHP, providers will be reimbursed for care provided to QHP Premium Assistance enrollees at the rates the providers have negotiated with the QHP carrier.

**9) If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438.**

N/A

**10) If quality-based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected.**

New Hampshire Medicaid will not make supplemental payments directly to providers through the Demonstration.

# Section V – Implementation of Demonstration

**1) Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone.**

QHP coverage under the QHP Premium Assistance program will be effective January 1, 2016, with enrollment beginning October 15, 2015. A proposed implementation timeframe is included below:

| Milestone | Timeframe |
|---|---|
| Issue public notice of waiver | October 1, 2014 |
| Accept comments on waiver | October 1 – October 31, 2014 |
| Hold public hearings on waiver | October 8 and 20, 2014 |
| Submit waiver application to CMS | December 1, 2014 |
| Receive waiver approval | By March 31, 2015 |
| Launch shopping and enrollment function on State Portal | October 15, 2015 |
| Coverage under QHP Premium Assistance becomes effective | January 1, 2016 |

**2) Describe how potential Demonstration participants will be notified/enrolled into the Demonstration.**

***Notices***

New Hampshire Medicaid will send notices to Medicaid enrollees transitioning to QHP Premium Assistance under the Demonstration, as well as to new applicants. Notices to existing Medicaid enrollees will be sent prior to the beginning of the plan selection process. Notices to new Medicaid enrollees will be sent after the individual is determined eligible for Medicaid coverage. All notices will include the following information:

- *QHP Plan Selection.* The notice will include, among other things, information regarding how QHP Premium Assistance enrollees can select a QHP, including guidance on selecting the plan that will best address their health needs and information on the State's auto-enrollment process in the event that the beneficiary does not select a plan.

- *Wrapped Benefits.* A Medicaid card will be mailed to enrollees within two weeks of eligibility determination and accompanying the card will be a notice containing information on how enrollees can use the card to access wrapped benefits. The notice will include specific information regarding wrapped benefits, including what services are covered directly through fee-for-service Medicaid, what phone numbers to call for information how to access wrapped services, and any cost-sharing for wrapped services.

- *Appeals.* The notice will also include information regarding the grievance and appeals process. Specifically, the notice will inform QHP Premium Assistance enrollees that, for all services covered by the QHP, the beneficiary should begin by filing a grievance or appeal pursuant to the QHP's grievance and appeals process.

- *Exemption from the Alternative Benefit Plan delivered through the QHP Premium Assistance Program.* The notice will include information describing how new adult enrollees who believe they may be exempt from the Premium Assistance program, including pregnant women and the medically frail, can request an exemption determination and, if they are exempt, choose between receiving coverage through the ABP delivered through managed care or the standard Medicaid benefit package. The notice will include information on the difference in benefits under the ABP as compared to the standard (State Plan) benefit package.

***Enrollment***

QHP shopping and enrollment will begin during the individual market open enrollment period for 2016 coverage (October 15, 2015 – December 7, 2015). The plan selection and enrollment

process will vary depending on whether an individual is transitioning from the State's Medicaid Care Management program or is a new applicant.

*Transition Population*
Individuals transitioning from the Medicaid Care Management program to the QHP Premium Assistance program will be enrolled in a QHP through the following process:

- Prior to and during the open enrollment period, New Hampshire Medicaid will send enrollees a notice informing them either: (1) that they have been auto-assigned to the QHP offered by the Medicaid managed care organization (MCO) in which they are currently enrolled (if the MCO elects to offer QHPs), but that they may select a different plan or (2), if they have not been auto-assigned, that they may select a QHP that is included in the Premium Assistance program. The notices will provide guidance on how to select a QHP and will include comparisons highlighting the differences between QHPs with respect to, among other things, networks, access to patient-centered medical homes, and use of care coordination programs.
- Individuals may select a QHP (1) through New Hampshire Medicaid's online portal, NHEASY, (2) by phone, or (3) in person.
- Individuals who were not auto-assigned to a QHP offered by their MCO and who fail to select a QHP will be auto-assigned. New Hampshire Medicaid will send the individuals a notice informing them of the QHP to which they have been auto-assigned and that they have the right to select a different plan.
- Once an individual has either selected a QHP or the time period to select a QHP has ended, New Hampshire Medicaid will send an 834 transaction to the issuer. 834 transactions will be sent to carriers daily in batch.
- Upon receipt of an 834 enrollment transaction, the carrier will send an enrollment package, including the benefit card, to the enrollee.
- On a monthly basis, the carriers will send DHHS a list of all QHP Premium Assistance enrollees, identified by a unique ID number, for DHHS to reconcile. Upon reconciliation, DHHS will send back an updated list for the carriers.

*New Applicants*

New applicants will enroll in QHPs through the following process:

- Individuals will submit a joint application for insurance affordability programs—Medicaid, CHIP and Advanced Premium Tax Credits/Cost Sharing Reductions—electronically, via phone, by mail, or in-person.
- An eligibility determination will be made through the New Hampshire Eligibility & Enrollment Framework (EEF).

- Individuals who indicate on their eligibility application that they either (1) have a physical, mental, or emotional condition that causes limitations in activities (like bathing, dressing, and daily chores) or (2) reside in a medical facility or nursing home will be identified as medically frail. Individuals who are identified as medically frail will not be permitted to enroll in QHPs.
- Individuals who are not identified as medically frail will receive a notice informing them that they may select a QHP and providing guidance on how to select a QHP. The notice will also include information on selecting a QHP and comparisons highlighting the differences between plans with respect to, among other things, networks, access to patient-centered medical homes, and use of care coordination programs.
- Individuals may select a QHP (1) through the State's online portal, NHEASY, (2) by phone, or (3) In person.
- Individuals who fail to select a QHP will be auto-assigned. New Hampshire will send the individuals a notice informing them of the QHP to which they have been auto-assigned and that they have the right to select a different plan.
- Once an individual has either selected a QHP or the time period to select a QHP has ended, New Hampshire will send an 834 transaction to the issuer. 834 transactions will be sent to carriers daily in batch.
- Upon receipt of an 834 enrollment transaction, the carrier will send an enrollment package, including the benefit card, to the enrollee.
- On a monthly basis, the carriers will send DHHS a list of all QHP Premium Assistance enrollees, identified by a unique ID number, for DHHS to reconcile. Upon reconciliation, DHHS will send back an updated list for the carriers.

***Auto-assignment***

The State's goal is to minimize the number of QHP Premium Assistance enrollees who do not complete the QHP selection process and therefore need to be auto-assigned. During enrollment for the Medicaid Care Management program, more than 55 percent of enrollees selected a managed care organization. New Hampshire anticipates that it will need to auto-assign a similarly small percentage of QHP Premium Assistance enrollees.

Individuals who are enrolled in a Medicaid managed care organization (MCO) through the Medicaid Care Management program will be auto-assigned to the QHP offered by their existing MCO, if the MCO elects to offer a QHP. Individuals who are either not enrolled in a Medicaid MCO or whose Medicaid MCO is not offering a QHP will be auto-assigned if they fail to select a QHP. The State anticipates using auto-assignment methodology that takes into account, among other factors, family affiliation, geographic coverage, and the opportunity for care coordination.

Individuals who are auto-assigned will be notified of their assignment and will be given a sixty day period to request enrollment in another plan.

***Access To Wrap Around Benefits***

In addition to receiving an insurance card from the applicable QHP carrier, QHP Premium Assistance enrollees will have a Medicaid card, indicating a Medicaid Client Identification Number (CIN) through which providers may bill Medicaid for wrap-around benefits. The notice enclosing the card will include information about which services QHP Premium Assistance enrollees may receive through fee-for-service Medicaid and how to access those services. Similar information will be provided on New Hampshire Medicaid's website. Staff at the New Hampshire Medicaid beneficiary call centers will be trained to provide information regarding the scope of wrap-around benefits and how to access them. Finally, New Hampshire Medicaid will work closely with carriers to ensure that the carriers' call center staff is aware that QHP Premium Assistance enrollees have access to certain services outside of the QHP and that staff can direct the QHP Premium Assistance enrollees to the appropriate resources to learn more about wrap-around services.

**3) If applicable, describe how the state will contract with insurance carriers to provide Demonstration benefits, including whether the state needs to conduct a procurement action.**

No procurement action is needed.

New Hampshire Medicaid will not contract directly with the insurance carriers. Instead, there will be inter-agency and any such other agreements as are necessary to implement the Premium Assistance Program.

# Section VI – Demonstration Financing and Budget Neutrality

**Please complete the Demonstration financing and budget neutrality forms, respectively, and include with the narrative discussion. The Financing Form: http://www.medicaid.gov/Medicaid- CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Interim1115-Demo-Financing-Form.pdf includes a set of standard financing questions typically raised in new section 1115 demonstrations; not all will be applicable to every demonstration application. The Budget Neutrality form and spreadsheet: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Interim1115-Budget-Neutrality-Form.pdf includes a set of questions with respect to historical expenditure data as well as projected Demonstration expenditures.**

The State will assure that the cost of coverage for the new adult group through the Demonstration will not exceed the cost of continuing to provide coverage to the new adult group through the program currently in effect for that population.

# Section VII – List of Proposed Waivers and Expenditure Authorities

**1) Provide a list of proposed waivers and expenditure authorities.**

- § 1902(a)(17): To permit the State to provide different delivery systems for different populations of Medicaid enrollees.
- § 1902(a)(17): To permit the State to exempt individuals with incomes above 100 percent FPL who are awaiting enrollment in a QHP or Medicaid managed care plan (if excluded from the Demonstration) from cost sharing requirements to which they would otherwise be subject under the State Plan.
- § 1902(a)(23): To make premium assistance for QHPs in the Marketplace mandatory for QHP Premium Assistance enrollees and to permit the State to limit enrollees' freedom of choice among providers to the providers participating in the network of the QHP Premium Assistance beneficiary's QHP.
- § 1902(a)(34): To permit the State to provide coverage beginning on the date of application.
- § 1902(a)(54): To permit the State to require that requests for prior authorization for drugs be addressed within 72 hours, rather than 24 hours. A 72-hour supply of the requested medication will be provided in the event of an emergency.

**2) Describe why the state is requesting the waiver or expenditure authority, and how it will be used.**

| Waiver Authority | Use for Waiver | Reason for Waiver Request |
|---|---|---|
| § 1902(a)(17) | To permit the State to provide coverage through different delivery systems for different populations of Medicaid enrollees. Specifically, to permit the State to provide coverage for QHP Premium Assistance eligible Medicaid enrollees through QHPs offered in the individual market. | This waiver authority will allow the State to test using premium assistance to provide coverage for QHPs offered in the individual market through the Marketplace or a subset of Medicaid enrollees. |
| § 1902(a)(17) | To permit the State to exempt individuals with incomes above 100 | This waiver authority will allow the State to impose cost-sharing only |

| Waiver Authority | Use for Waiver | Reason for Waiver Request |
|---|---|---|
| | percent FPL who are awaiting enrollment in a QHP or Medicaid managed care plan (if excluded from the Demonstration) from cost sharing requirements to which they would otherwise be subject under the State Plan. | once an individual is enrolled in a QHP or Medicaid managed care plan (if excluded from the Demonstration). |
| § 1902(a)(23) | To make premium assistance for QHPs in the Marketplace mandatory for QHP Premium Assistance enrollees and to permit the State to limit enrollees' freedom of choice among providers to the providers participating in the network of the QHP Premium Assistance beneficiary's QHP. | This waiver authority will allow the State to require that QHP Premium Assistance enrollees receive coverage through the Demonstration, and not through the State Plan. This waiver authority will also allow the State to align the network available to QHP Premium Assistance enrollees with the network offered to QHP enrollees who are not Medicaid enrollees. |
| § 1902(a)(34) | To permit the State to provide coverage beginning on the date of application. | This waiver authority will allow the State to align the beginning of Medicaid coverage with the date of application. |
| § 1902(a)(54) | To permit the State to require that requests for prior authorization for drugs be addressed within 72 hours, rather than 24 hours. A 72-hour supply of the requested medication will be provided in the event of an emergency. | This waiver authority will allow the State to align prior authorization standards for QHP Premium Assistance enrollees with standards in the commercial market. |

# Section VIII – Public Notice

**1) Start and end dates of the state's public comment period.**

**2) Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS.**

**3) Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted.**

**4) Certification that the state used an electronic mailing list or similar mechanism to notify the public. (If not an electronic mailing list, please describe the mechanism that was used.)**

**5) Comments received by the state during the 30-day public notice period.**

**6) Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application.**

**7) Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state's approved Medicaid State plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation.**

# Section IX – Demonstration Administration

**Please provide the contact information for the state's point of contact for the Demonstration application.**

**Name and Title:** Jeffrey A. Meyers, Director, Intergovernmental Affairs, New Hampshire Department of Health and Human Services
**Telephone Number:** (603) 271-9210
**Email Address:** Jeffrey.meyers@dhhs.state.nh.us